

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.:	4446-103230-con	}}	
Inventors:	BERTON L. VICARS	}	EXAMINER:
Serial No.:	10/764.902	}	KEVIN L. LEE
Filed:	JANUARY 26, 2004	}	
		}	ART UNIT: 3753
TITLE	SUCTION VALVE	}	
		}	CONFIRMATION NO. 2637
		}	
PATENT No.	7,172,175	}	
ISSUE DATE	FEBRUARY 6, 2007	}	
		}	

Office of Petitions  
Mail Stop Petitions  
Commissioner of Patents P.O. Box 1450  
Alexandria, Virginia 22313-1450

[x] AUTHORIZATION TO PAY AND PETITION FOR THE ACCEPTANCE OF ANY NECESSARY FEES. If any charges or fees must be paid in connection with the following Communication they may be paid out of our deposit account 23-0920.

[X] Payment of fees for the unintentional delay are being paid herewith and as noted above any additional fees or insufficient fees are to paid out of deposit account 23-0920.

PETITION FOR ACCEPTANCE OF CERTIFICATE OF CORRECTION  
TO CORRECT THE FAILURE TO MAKE REFERENCE TO A PRIOR  
COPENING APPLICATION UNDER 35 CFR 1.78 (a)(3).

- (i) Enclosed herewith is the Certificate of Correction Applicant requests be entered.
- (ii) The \$1410.00 surcharge set forth in 1.17(t) is submitted herewith.
- (iii) The copending application was noted in applicant's Transmittal, Declaration, and Filing receipt, copies of which are attached. The entire delay between the date the claim was due under 37 CFR 1.78, (a)(2)(ii), four months from the filing date of January 26, 2004, and the date of this claim was unintentional.

Refund Ref:  
10/26/2009 0030075989

Credit Card Refund Total: \$1410.00

Adjustment date: 10/26/2009 CKHLOK  
08/12/2009 INIEFSW 00003042 10764902  
01 FC:1454 -1410.00 OP

Master C: XXXXXXXXXXXX5129

Applicant requests that this petition be granted and that the Certificate of Correction be issued.

Dated: August 11, 2009

Respectfully submitted,

By: /James B. Conte/

James B. Conte

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UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 10/8/09		2 Serial/Patent # 10/764902			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
	Filing			\$	
	Amendment			\$	
	Extension of Time			\$	
	Notice of Appeal/Appeal			\$	
✓	Petition		8/11/09	\$ 1,410.00	
	Issue			\$	
	Cert of Correction/Terminal Disc.			\$	
	Maintenance			\$	
	Assignment			\$	
	Other			\$	
		7 TOTAL AMOUNT OF REFUND		\$ 1,410.00	
		8 TO BE REFUNDED BY:			
10 REASON:					
	Overpayment				
	Duplicate Payment				
X	No Fee Due (Explanation):	Treasury Check CC Credit Deposit A/C #: 9			
petition dismissed as moot					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Joan Olszewski		TITLE: Petition Examiner			
SIGNATURE:		PHONE: 571-272-7751			
OFFICE: Office of Petitions					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED: CKH/KOK		DATE: 10/26/09			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: